

No. 2  
1-147  
-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32682

FILED OCT 18 1948  
132

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 146

1. PLACE OF DEATH:

(a) County... Grundy  
(b) City or town... Brenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution... Wright Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 9 1/2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME LILLIE C. ARNEY

3. (b) If veteran, name war...  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John W. Arney 6. (c) Age of husband or wife if alive... years 11 1874 (Day) (Year)  
7. Birth date of deceased April 10 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Marion County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Doc Brown

13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

14. Maiden name Sarah Rector

15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Alma Maxwell

(b) Address Brimson Mo

17. (a) Burial (b) Date thereof Sept 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Springer Cemetery, Harrison

18. (a) Signature of funeral director Raymond Davis Co.

(b) Address Brenton Mo

19. (a) 9/19/48 (b) Helen Fair (Date received local registrar) (Registrar's signature)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Silman City, Mo (If outside city or town limits, write "RURAL")  
(d) Street No. R 7 D # 2 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1948 to Sept 17 1948  
that I last saw him alive on Sept 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mel. Arterio Sclerosis Gangrene of leg.  
Duration 2 or 3 4 or 5 3 or 4 years

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...

Of autopsy...

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify type of work)

23. Signature E. A. Duffy (M. D. or other)

Address Brenton Mo Date signed 9/18/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Rollin Richmond Registered Apprentice No. 271  
working under my personal supervision.

Signed

Raymond A. Davis  
Licensed Embalmer No. 3424

P. O. Address 2rent Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.